

Seeing the same doctor is associated with decreased mortality risk

Full reference and link to full text of paper

Pereira Gray DJ, Sidaway-Lee K, White E, Thorne A, Evans PH. Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality. *BMJ Open* 2018;**8**:e021161

<https://bmjopen.bmj.com/content/8/6/e021161> (open access)

Summary

Repeated consultations allow a patient and doctor to get to know and understand each other better which in turn leads to greater trust and potentially better care. Many GPs consider providing this continuity of care to be a key part of their job role. Higher levels of continuity had been repeatedly linked to positive outcomes such as reduced admissions to hospital and a number of articles had been published showing that they also could increase life expectancy.

This study is a systematic review meaning that the authors attempted to summarise all existing published research on the topic to give a conclusive answer. In this case the team searched several databases of articles in medical and scientific journals and, out of 726 records that were checked, found 22 studies which met their pre-specified criteria. The criteria were reported measured continuity of care received by patients from any kind of doctor, in any setting, in any country, related to measured mortality of those patients. All the studies found were observational which can make it difficult to determine causation. As the papers used very different measures of continuity and of mortality, a meta-analysis, combining the results of the studies, was not attempted.

Key researcher

At the time of publication, Eleanor White was a third year medical student at the University of Exeter. Her degree course in medical sciences included a year-long placement at St Leonard's Practice. She maintained links with the practice and so became a member of the study team. She worked on this project throughout her second year of medical school, including agreeing search strategy and inclusion/exclusion criteria with other researchers, carrying out some of the searches and carrying out some of the data extraction. She feels she learnt a lot from the project and has something very useful for her CV!

Impact

This paper was picked up and reported in the national and international press. It made the front page of both the Times and the Guardian (<https://www.theguardian.com/science/2018/jun/29/keeping-the-same-doctor-reduces-death-risk-study-finds>). The Altmetric score, which is a measure of attention from the general public, including social media mentions, is in the top one percent of all articles tracked (<https://bmj.altmetric.com/details/44278685#score>). It has already been cited 49 times in peer reviewed journal articles, less than a year after publication. This article has also been mentioned in policy documents by think tanks such as the Nuffield Trust and in the RCGP vision for the future of general practice.

Thinking points

1. Although the authors all have links to the University of Exeter, the research was carried out in a single general practice. It is unusual for a general practice to have a research wing and to carry out their own studies. In contrast, hospitals frequently have research departments and publish research. Research grants are easier to obtain for larger organisations.
2. With observational studies of continuity of care, there is a potential problem with reverse causality. It is possible that patients with certain characteristics (such as pre-existing illness

or socio-economic deprivation) are less likely to receive continuity of care and are also more likely to have a shorter life expectancy. An illness may cause decreased continuity, for example, if patients need to move into a nursing home or move in with family, away from their regular doctor. Most of the studies included in this review try to reduce this bias through study designs with a gap between continuity measurement and mortality measurement or by adjusting for potential confounding factors such as socio-economic status or illness status.

3. This journal has a policy of open peer review so you can see the reviewers' comments and the authors' responses. You can also see the submission and resubmission dates.